

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-022999

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 101

STATE FILE NUMBER

FILED MAY 24 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	
Length of stay in 1b <u>22 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>327 North Cedar</u>		d. STREET ADDRESS (If outside, give location) <u>327 North Cedar</u>	
3. NAME OF DECEASED (Type or print) First <u>CLAUDE</u> Middle <u>VICTOR</u> Last <u>MATLOCK</u>		4. DATE OF DEATH Month <u>May</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-31-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor-Brakeman, Mo. Pac.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Retired</u>	9. AGE (last birthday) <u>66</u>
11a. FATHER'S NAME <u>Robert Wiley Matlock</u>		11b. MOTHER'S MAIDEN NAME <u>Frances Elizabeth Proctor</u>	11. BIRTHPLACE (City and state or country) <u>Roscoe, Missouri</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12b. SOCIAL SECURITY NO. <u>[redacted]</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>apparent natural causes</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Matlock</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>had history of respiratory disorder and possible high blood pressure</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>no medical attention in last three years; investigated by county coroner</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>never</u> a.m. <u>never</u> p.m. <u>never</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>never</u>	
21. I attended the deceased from _____ to _____ and saw him alive on <u>May 20, 1963</u>		COUNTY <u>Nevada</u> STATE <u>Missouri</u>	
Death occurred at <u>between 6:00 and 12:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Anna E. Ferry</u> , local registrar	
22b. ADDRESS <u>Nevada, Missouri</u>		22c. DATE SIGNED <u>5-22-1963</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 23, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>
24. FUNERAL DIRECTOR <u>Ferry Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>5-22-1963</u>	
ADDRESS <u>Nevada, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4960

P. O. Address Newark, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.